

**NHSN Monthly Checklist for Reporting to CMS Hospital IQR**
☐ CCN: \_\_\_\_\_

Month/Year: \_\_\_\_\_

	CAUTI	CLABSI	FACWIDEIN LabID Event	SSI	HCP Influenza Vaccination (seasonal)
<b>Monthly Plan</b>	<input type="checkbox"/> ICUs <input type="checkbox"/> Wards*	<input type="checkbox"/> ICUs <input type="checkbox"/> Wards*	<input type="checkbox"/> CDI <input type="checkbox"/> MRSA	<input type="checkbox"/> COLO <input type="checkbox"/> HYST	<input type="checkbox"/>
<b>Seasonal Influenza Vaccination Summary Data</b>					<input type="checkbox"/>
<b>Monthly Denominator Data</b>	<input type="checkbox"/> ICUs <input type="checkbox"/> Wards*	<input type="checkbox"/> ICUs <input type="checkbox"/> Wards*	<input type="checkbox"/> FACWIDEIN <input type="checkbox"/> ED <input type="checkbox"/> Observation	<input type="checkbox"/> COLO <input type="checkbox"/> HYST	
<b>If Zero Events or Zero procedures (SSIs only), Report no Events or no Procedures</b>	<input type="checkbox"/> ICUs <input type="checkbox"/> Wards*	<input type="checkbox"/> ICUs <input type="checkbox"/> Wards*	<input type="checkbox"/> CDI <input type="checkbox"/> MRSA	<input type="checkbox"/> COLO <input type="checkbox"/> HYST	
<b>Enter Events</b>	<input type="checkbox"/> ICUs <input type="checkbox"/> Wards*	<input type="checkbox"/> ICUs <input type="checkbox"/> Wards*	<input type="checkbox"/> CDI <input type="checkbox"/> MRSA	<input type="checkbox"/> COLO <input type="checkbox"/> HYST	
<b>Check for Accuracy</b>	<input type="checkbox"/> ICUs <input type="checkbox"/> Wards*	<input type="checkbox"/> ICUs <input type="checkbox"/> Wards*	<input type="checkbox"/> CDI <input type="checkbox"/> MRSA	<input type="checkbox"/> COLO <input type="checkbox"/> HYST	<input type="checkbox"/>
<b>Save quarterly CMS Reports</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> CDI <input type="checkbox"/> MRSA	<input type="checkbox"/>	<input type="checkbox"/>

\*For January 2015 and forward, includes those locations defined as, and mapped as, adult and pediatric medical, surgical, and medical/surgical wards.

Note: This is a summary checklist that applies to acute care hospitals only; if you need additional information please refer to the document below. This guide is not meant to cover requirements for other facility types, including CMS-certified Inpatient Rehabilitation Facilities (IRFs) located as units within acute care hospitals.

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## **Catheter-Associated Urinary Tract Infection (CAUTI)**

### **Monthly Checklist for CAUTI Reporting for the Centers for Medicare and Medicaid Services' Hospital Inpatient Quality Reporting Program (CMS Reporting Program) via NHSN**

*Beginning in January, 2015, Acute Care Hospitals participating in the CMS Reporting Program must report CAUTI data from locations defined/mapped as adult and pediatric medical, surgical, and medical/surgical wards, in addition to all adult and pediatric ICUs.*

#### **The following steps should be completed prior to the quarterly CMS Reporting Program deadline:**

☐ **Verify Your Facility's CMS Certification Number (CCN)**

An accurate CCN is required for those facilities participating in the CMS Reporting Program, as this is the ID that will be used to submit CAUTI data to CMS on your behalf. To update the CCN, use the **Facility > Facility Info** option within NHSN. At the top of the Facility Information screen, verify and update, if necessary, the CCN in the appropriate data entry field. If any changes have been made, remember to click the **"Update"** button at the bottom of screen. *Please be sure to double- and triple-check this number!*

☐ **Check the Monthly Reporting Plan each month**

When NHSN releases CAUTI data to CMS for those hospitals participating in the CMS Reporting Program, only those months and applicable locations in which the facility included CAUTI in its NHSN monthly reporting plan (MRP) will be included (i.e., in Plan CAUTI). It is the responsibility of each facility to check their MRPs for compliance with this requirement.

☐ **Enter denominator data for each required location and month under surveillance**

Denominator data (i.e., patient days and urinary catheter days) can be entered using the Summary Data > Add option within NHSN and by selecting the appropriate Denominator Data type (e.g., ICU/Other).

☐ **If no events have been identified, check "Report No Events" on denominator data form**

**IMPORTANT!** Facilities must appropriately **Report No Events** for those locations and months for which no events of each type under surveillance were identified. If no events have been reported and this box is not checked, your data will not be submitted to CMS. For instructions, please see: <http://www.cdc.gov/nhsn/PDFs/CMS/how-to-report-No-Events-CLAB-CAU.pdf>

☐ **If CAUTI events have been identified, enter the appropriate events**

CAUTI events can be entered by using the Event > Add option within NHSN.

☐ **Use NHSN Analysis Tools to check for accuracy and completion**

The NHSN Analysis Output Option, "SIR – CAUTI Data for CMS IPPS" was created in order to allow facilities to review those CAUTI data that would be submitted to CMS on their behalf. For more information about this output option, please see **Using the "SIR – CAUTI Data for CMS IPPS" Output Option** on the NHSN website: <http://www.cdc.gov/nhsn/PDFs/CMS/CMS-IPPS-CAUTI-SIR.pdf>

## **Central Line-Associated Bloodstream Infection (CLABSI)**

### **Monthly Checklist for CLABSI Reporting for the Centers for Medicare and Medicaid Services' Hospital Inpatient Quality Reporting Program (CMS Reporting Program)**

*Beginning in January, 2015, Acute Care Hospitals participating in the CMS Reporting Program must report CLABSI data from locations defined/mapped as adult and pediatric medical, surgical, and medical/surgical wards, in addition to all adult, pediatric and neonatal ICUs.*

#### **The following steps should be completed prior to the quarterly CMS Reporting Program deadline:**

☐ **Verify Your Facility's CMS Certification Number (CCN)**

An accurate CCN is required for those facilities participating in the CMS Reporting Program, as this is the ID that will be used to submit CLABSI data to CMS on your behalf. To update the CCN, use the **Facility > Facility Info** option within NHSN. At the top of the Facility Information screen, verify and update, if necessary, the CCN in the appropriate data entry field. If any changes have been made, remember to click the **"Update"** button at the bottom of screen. *Please be sure to double- and triple-check this number!*

☐ **Check the Monthly Reporting Plan each month**

When NHSN releases CLABSI data to CMS for those hospitals participating in the CMS Reporting Program, only those months and applicable locations for which the facility included CLABSI in its NHSN monthly reporting plan (MRP) will be included (i.e., in Plan CLABSI). It is the responsibility of each facility to check their MRPs for compliance with this requirement.

☐ **Enter denominator data for each required location and month under surveillance**

Denominator data (i.e., patient days and central line days) can be entered using the Summary Data > Add option within NHSN and by selecting the appropriate Denominator Data type (e.g., ICU/Other, NICU).

☐ **If no events have been identified, check "Report No Events" on denominator data form**

**IMPORTANT!** Facilities must appropriately **Report No Events** for those locations and months for which no events of each type under surveillance were identified. If no events have been reported and this box is not checked, your data will not be submitted to CMS. For instructions, please see: <http://www.cdc.gov/nhsn/PDFs/CMS/how-to-report-No-Events-CLAB-CAU.pdf>

☐ **If CLABSI events have been identified, enter the appropriate events**

CLABSI events can be entered by using the Event > Add option within NHSN.

☐ **Use NHSN Analysis Tools to check for accuracy and completion**

The NHSN Analysis Output Option, "SIR – CLAB Data for CMS IPPS" was created in order to allow facilities to review those CLABSI data that would be submitted to CMS on their behalf. For more information about this output option, please see **Using the "SIR – CLAB Data for CMS IPPS" Output Option** on the NHSN website: <http://www.cdc.gov/nhsn/PDFs/CMS/CMS-IPPS-CLABSI-SIR.pdf>

## **Clostridium difficile Infection (CDI)**

### **Monthly Checklist for FacWideIn (facility-wide inpatient) CDI LabID Event Reporting for the Centers for Medicare and Medicaid Services' Hospital Inpatient Quality Reporting (IQR) Program**

**The following steps should be completed prior to the quarterly CMS Hospital IQR Program deadline:**

☐ **Verify Your Facility's CMS Certification Number (CCN)**

An accurate CCN is required for those facilities participating in CMS's Hospital IQR Program, as this is the ID that will be used to submit FacWideIn CDI LabID data to CMS on your behalf. To update the CCN, use the **Facility > Facility Info** option within NHSN. At the top of the Facility Information screen, verify and update, if necessary, the CCN in the appropriate data entry field. If any changes have been made, remember to click the **"Update"** button at the bottom of screen. *Please be sure to double- and triple-check this number!*

☐ **Check the Monthly Reporting Plan each month**

When NHSN releases FacWideIn CDI LabID data to CMS for those hospitals participating in CMS's Hospital IQR Program, only those months in which the facility included FacWideIn CDI LabID in its NHSN monthly reporting plan (MRP) will be included. It is the responsibility of each facility to check their MRPs for compliance with this requirement. NOTE: Beginning with January 2015 data, each ED and Observation location must be included on the MRPs for CDI LabID.

☐ **Enter FacWideIn, ED, and Observation denominator data for each month under surveillance**

Overall, inpatient facility-wide denominator data (i.e., *C. diff* patient days and *C. diff* admissions) can be entered using the Summary Data > Add option within NHSN and selecting "MDRO and CDI Prevention Process and Outcomes Monthly Monitoring Form". In addition, beginning with January 2015, denominator data for ED and Observation locations (i.e., encounters) must be entered separately (i.e., one summary data record for each ED and Observation unit that is located within your facility) for each month.

☐ **If no events have been identified, check "Report No Events" on each denominator data form**

**IMPORTANT!** Facilities must appropriately **Report No Events** for those months for which no events of each type under surveillance were identified. If no events have been reported and this box is not checked, your data will not be submitted to CMS. For instructions, please see Step 5 of the following document:

<http://www.cdc.gov/nhsn/PDFs/mrsa-cdi/How-To-Set-Up-And-Report-MRSA-CDI.pdf>

☐ **If CDI LabID events have been identified, enter these events into NHSN**

CDI LabID events can be entered by using the Event > Add option within NHSN. Note that you must specify the location where the specimen was collected.

☐ **Use NHSN Analysis Tools to check for accuracy and completion**

The NHSN Analysis Output Option, "SIR – FacWideIn CDI LabID Data for CMS IPPS" was created in order to allow facilities to review those CDI LabID data that would be submitted to CMS on their behalf. For more information about this output option, please see the document **Using the "SIR – FacWideIn CDI LabID for CMS IPPS" Output Option** on the NHSN website: <http://www.cdc.gov/nhsn/PDFs/CMS/CMS-IPPS-CDI-SIR.pdf>.

## **Methicillin-Resistant Staphylococcus aureus (MRSA Bacteremia)**

### **Monthly Checklist for FacWideIn (facility-wide inpatient) MRSA Bacteremia LabID Event Reporting for the Centers for Medicare and Medicaid Services' Hospital Inpatient Quality Reporting (IQR) Program**

#### **The following steps should be completed prior to the quarterly CMS Hospital IQR Program deadline:**

☐ **Verify Your Facility's CMS Certification Number (CCN)**

An accurate CCN is required for those facilities participating in CMS's Hospital IQR Program, as this is the ID that will be used to submit FacWideIn MRSA Bacteremia LabID data to CMS on your behalf. To update the CCN, use the **Facility > Facility Info** option within NHSN. At the top of the Facility Information screen, verify and update, if necessary, the CCN in the appropriate data entry field. If any changes have been made, remember to click the **"Update"** button at the bottom of screen. *Please be sure to double- and triple-check this number!*

☐ **Check the Monthly Reporting Plan each month**

When NHSN releases FacWideIn MRSA Bacteremia LabID data to CMS for those hospitals participating in CMS's Hospital IQR Reporting Program, only those months in which the facility included FacWideIn MRSA LabID (either "All Specimens" or "Blood Specimens Only") in its NHSN monthly reporting plan (MRP) will be included. It is the responsibility of each facility to check their MRPs for compliance with this requirement. NOTE: Beginning with January 2015 data, each ED and Observation location must be included on a separate row in the MRPs for MRSA LabID, to match the reporting for the FacWideIn selection.

☐ **Enter FacWideIn, ED, and Observation location denominator data for each month under surveillance**

Overall, inpatient facility-wide denominator data (i.e., patient days and admissions) can be entered using the Summary Data > Add option within NHSN and selecting "MDRO and CDI Prevention Process and Outcomes Monthly Monitoring Form". Beginning with January 2015, denominator data for ED and Observation locations (i.e., encounters) must be entered separately (i.e., one summary record for each ED and Observation location) per month.

☐ **If no events have been identified, check "Report No Events" on denominator data form**

**IMPORTANT!** Facilities must appropriately **Report No Events** for those months for which no events of each type under surveillance were identified. If no events have been reported and this box is not checked, your data will not be submitted to CMS. For instructions, please see Step 5 of the following document:

<http://www.cdc.gov/nhsn/PDFs/mrsa-cdi/How-To-Set-Up-And-Report-MRSA-CDI.pdf>

☐ **If MRSA Bacteremia LabID events have been identified, enter these events into NHSN**

MRSA Bacteremia LabID events can be entered by using the Event > Add option within NHSN. Note that you must specify the location where the specimen was collected. You must also specify Specimen Body Site/Source = CARD and Specimen Source = BLDSPC for NHSN to categorize the LabID event as MRSA bacteremia.

☐ **Use NHSN Analysis Tools to check for accuracy and completion**

The NHSN Analysis Output Option, "SIR - MRSA Blood FacwideIN LabID Data for CMS IPPS" was created in order to allow facilities to review those MRSA Bacteremia LabID data that would be submitted to CMS on their behalf. For more information about this output option, please see the document **Using the "SIR - MRSA Blood FacwideIN LabID Data for CMS IPPS" Output Option** on the NHSN website: <http://www.cdc.gov/nhsn/PDFs/CMS/CMS-IPPS-MRSA-SIR.pdf>

## **Surgical Site Infection (SSI)**

### **Monthly Checklist for SSI Reporting for the Centers for Medicare and Medicaid Services' Hospital Inpatient Quality Reporting Program (CMS Reporting Program) via NHSN**

#### **The following steps should be completed prior to the quarterly CMS Reporting Program deadline:**

☐ **Verify Your Facility's CMS Certification Number (CCN)**

An accurate CCN is required for those facilities participating in the CMS Reporting Program, as this is the ID that will be used to submit SSI data to CMS on your behalf. To update the CCN, use the **Facility > Facility Info** option within NHSN. At the top of the Facility Information screen, verify and update, if necessary, the CCN in the appropriate data entry field. If any changes have been made, remember to click the **"Update"** button at the bottom of screen. *Please be sure to double- and triple-check this number!*

☐ **Check the Monthly Reporting Plan each month**

When NHSN releases SSI data to CMS for those hospitals participating in the CMS Reporting Program, only those months in which the facility included SSI in its NHSN monthly reporting plan (MRP) will be included (i.e., in Plan SSI). It is the responsibility of each facility to check their MRPs for compliance with this requirement.

☐ **Enter procedure records for each procedure category and month under surveillance**

Per the NHSN reporting requirements, facilities must enter a procedure record for each procedure performed that is included in the SSI surveillance per the monthly reporting plan. If no inpatient procedures were performed for any month and procedure type, make sure to check the "Report no Procedures" box.

☐ **If no events have been identified, check "Report No Events"**

**IMPORTANT!** Facilities must appropriately **Report No Events** for those procedures and months for which no events of each type under surveillance were identified. If no events have been reported and this box is not checked, your data will not be submitted to CMS. For instructions, please see: <http://www.cdc.gov/nhsn/PDFs/CMS/How-to-Report-No-Events-SSI.pdf>

☐ **If SSIs have been identified, enter these events and link to the attributable procedure record**

Per the NHSN reporting requirements, facilities must enter a record for each SSI identified following the procedure categories under surveillance.

☐ **Use NHSN Analysis Tools to check for accuracy and completion**

The NHSN Analysis Output Option, "SIR – Complex 30-Day SSI Data for CMS IPPS" was created in order to allow facilities to review those SSI data that would be submitted to CMS on their behalf. For more information about this output option, please see **Using the "SIR – Complex 30-Day SSI Data for CMS IPPS" Output Option** on the NHSN website: <http://www.cdc.gov/nhsn/PDFs/CMS/CMS-IPPS-SSI-SIR.pdf>

## **Healthcare Personnel (HCP) Influenza Vaccination**

### **Checklist for Healthcare Personnel (HCP) Influenza Vaccination Reporting for the Centers for Medicare and Medicaid Services' Hospital Inpatient Quality Reporting (IQR) Program and Outpatient Quality Reporting (OQR) Program**

#### **The following steps should be completed prior to the CMS Reporting Program deadline:**

☐ **Verify Your Facility's CMS Certification Number (CCN)**

An accurate CCN is required for those facilities participating in the CMS Reporting Program, as this is the ID that will be used to submit HCP influenza vaccination data to CMS on your behalf. To update the CCN, use the **Facility > Facility Info** option within NHSN. At the top of the Facility Information screen, verify and update, if necessary, the CCN in the appropriate data entry field. If any changes have been made, remember to click the **"Update"** button at the bottom of screen. *Please be sure to double- and triple-check this number!*

☐ **Activate the Healthcare Personnel Safety Component**

HCP Influenza Vaccination reporting is done through NHSN's Healthcare Personnel Safety (HPS) Component. The HPS Component must be activated by the NHSN Facility Administrator before the facility can report any data. Instructions for activating the HPS Component can be found in the HCP Influenza Vaccination training slideset at: <http://www.cdc.gov/nhsn/PDFs/training/HCP-flu-Vaccination-Summary-Reporting-General-Training.pdf>

☐ **Create a Monthly Reporting Plan in the HPS Component**

HCP influenza vaccination data from NHSN will only be sent to CMS for those hospitals participating in the CMS Reporting Program who have included the HCP influenza vaccination summary in their HPS Component monthly reporting plan. Unlike the other NHSN components and modules, when "Influenza Vaccination Summary" is selected on one reporting plan, the information is automatically updated on all reporting plans for the entire influenza season as defined by NHSN (which is July 1 to June 30).

☐ **Enter HCP influenza vaccination summary data for the entire influenza season**

The HCP influenza vaccination summary data form must be completed (Flu Summary->Add) for each influenza season. There is only a single form for each influenza season, and the form must be completed by each season's reporting deadline. Data for HCP in inpatient and outpatient departments should be reported together on the same form. Each time a user enters updated data for an influenza season, all previously entered data for that season are overwritten.

☐ **Use NHSN Analysis Tools to check for accuracy and completion**

The NHSN Analysis Output Option, "Line Listing – HCP Flu Vaccination Data for CMS IPPS and OPPIs" was created to allow facilities to review the HCP influenza vaccination data that will be submitted to CMS on their behalf. For more information about this output option, please see **Using the "Line Listing – HCP Flu Vaccination Data for CMS IPPS and OPPIs" Output Option** on the NHSN website at <http://www.cdc.gov/nhsn/cms/index.html>.



## **Additional Resources:**

### **Catheter-Associated Urinary Tract Infection (CAUTI)**

- Operational Guidance for Acute Care Hospitals to Report Catheter-Associated Urinary Tract Infection (CAUTI) Data to CDC's NHSN for the Purpose of Fulfilling CMS's Hospital Inpatient Quality Reporting (IQR) Requirements: [http://www.cdc.gov/nhsn/PDFs/CMS/Final-ACH-CAUTI-Guidance\\_2015.pdf](http://www.cdc.gov/nhsn/PDFs/CMS/Final-ACH-CAUTI-Guidance_2015.pdf)
- NHSN Surveillance for Urinary Tract Infections: <http://www.cdc.gov/nhsn/acute-care-hospital/CAUTI/index.html>

### **Central Line-Associated Bloodstream Infection (CLABSI)**

- Operational Guidance for Acute Care Hospitals to Report Central Line-Associated Bloodstream Infection (CLABSI) Data to CDC's NHSN for the Purpose of Fulfilling CMS's Hospital Inpatient Quality Reporting (IQR) Requirements: <http://www.cdc.gov/nhsn/PDFs/CMS/Final-ACH-CLABSI-Guidance-2015.pdf>
- NHSN Surveillance for Central Line-Associated Bloodstream Infections (CLABSI): <http://www.cdc.gov/nhsn/acute-care-hospital/clabsi/index.html>

### ***Clostridium difficile* Infection (CDI)**

- Operational Guidance: <http://www.cdc.gov/nhsn/PDFs/mrsa-cdi/FINAL-ACH-CDI-Guidance.pdf>
- How to Set Up NHSN Reporting for Facility-Wide Inpatient MRSA Bacteremia and *C. difficile* LabID events for the CMS Inpatient Quality Reporting Program: <http://www.cdc.gov/nhsn/PDFs/mrsa-cdi/How-To-Set-Up-And-Report-MRSA-CDI.pdf>
- NHSN Surveillance for *C. difficile*, MRSA, and other Drug-resistant Infections: <http://www.cdc.gov/nhsn/acute-care-hospital/cdiff-mrsa/index.html>
- Denominator guidance: <http://www.cdc.gov/nhsn/PDFs/mrsa-cdi/AcuteCare-MRSA-CDI-LabIDDenominator-Reporting.pdf>

### **Methicillin-Resistant *Staphylococcus aureus* (MRSA Bacteremia)**

- Operational Guidance: <http://www.cdc.gov/nhsn/PDFs/mrsa-cdi/FINAL-ACH-MRSA-Bacteremia-Guidance.pdf>
- How to Set Up NHSN Reporting for Facility-Wide Inpatient MRSA Bacteremia and *C. difficile* LabID events for the CMS Inpatient Quality Reporting Program: <http://www.cdc.gov/nhsn/PDFs/mrsa-cdi/How-To-Set-Up-And-Report-MRSA-CDI.pdf>
- NHSN Surveillance for *C. difficile*, MRSA, and other Drug-resistant Infections: <http://www.cdc.gov/nhsn/acute-care-hospital/cdiff-mrsa/index.html>
- Denominator guidance: <http://www.cdc.gov/nhsn/PDFs/mrsa-cdi/AcuteCare-MRSA-CDI-LabIDDenominator-Reporting.pdf>

### **Surgical Site Infection (SSI)**

- Operational Guidance for Reporting Surgical Site Infection Data to CDC's NHSN for the Purpose of Fulfilling CMS's Hospital Inpatient Quality Reporting (IQR) Program Requirements: [http://www.cdc.gov/nhsn/PDFs/CMS/Final-ACH-SSI-Guidance\\_2015.pdf](http://www.cdc.gov/nhsn/PDFs/CMS/Final-ACH-SSI-Guidance_2015.pdf)
- NHSN Surveillance for Surgical Site Infection (SSI) Events: <http://www.cdc.gov/nhsn/acute-care-hospital/index.html>

### **Healthcare Personnel (HCP) Influenza Vaccination**

- Operational Guidance for Acute Care Hospitals to Report Healthcare Personnel (HCP) Influenza Vaccination Data to CDC's National Healthcare Safety Network (NHSN) for the Purpose of Fulfilling CMS's Hospital Inpatient Quality Reporting (IQR) Program Requirements and CMS' Hospital Outpatient Quality Reporting (OQR) Program Requirements: <http://www.cdc.gov/nhsn/PDFs/HCP/Operational-Guidance-ACH-HCP-Flu.pdf>
- NHSN HPS Component Manual: [http://www.cdc.gov/nhsn/PDFs/HPS-manual/HPS\\_Manual-exp-plus-flu-portfolio.pdf](http://www.cdc.gov/nhsn/PDFs/HPS-manual/HPS_Manual-exp-plus-flu-portfolio.pdf)